State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES
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Governor

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TO: Division of Mental Health Services Contracted Providers

THROUGH: Kevin Martone, Assistant Commissioner
Division of Mental Health Services

FROM: Patti Holland, Assistant Director
Office of Housing, Policy and Program Development

Kathryn Bedard, Chief, Special Populations/Activities, Addictions
Office of Housing, Policy and Program Development

DATE: April 7, 2008

SUBJECT: Request for Letters of Intent (RLI) to Provide Consultation and Referral Across Systems for Individuals With Co-occurring Mental Illness and Substance Use Disorders

The Division of Mental Health Services (DMHS), through this RLI, seeks proposals from current DMHS screening centers to provide resources to facilitate ongoing consultation and coordination of services between screening, the State Psychiatric Hospitals, community agencies and across systems to meet the needs of individuals with co-occurring mental illness and substance use disorders. This follows the recommendation of The Governor's Mental Health Task Force-Final Report recommendations for expansion of integrated treatment services and training for co-occurring disorders.

Contracted providers will be expected to employ an individual to work as a cross systems specialist and facilitator. This individual is not to be considered to be, or function as a screener. Their responsibilities should meet the following needs:

Consultation and technical assistance with Assessment of consumers with co-occurring mental illness and substance use disorders who present in screening and/or emergency rooms.
Diversion from screening

Diversion from state hospital
Increase access to services and improve cross systems linkages.
Ongoing direct provision of consultation, case reviews, technical assistance, provision of training through brokering of outside resources to screening, State Psychiatric Hospital, DMHS agency staff, and others as appropriate.
Measurement of outcomes

The total funding available for this initiative during the current fiscal year is $400,000. The funding is an annualized amount of up to $400,000. The division expects to fund up to five (5) Co-occurring Specialist positions at $80,000 each.

Proposals are due in the offices of the division as specified in the RLI by 4:00 on May 9, 2008.

CC: County Mental Health Administrators

STATE OF NEW JERSEY
DIVISION OF MENTAL HEALTH SERVICES
REQUEST FOR LETTERS OF INTEREST

CO-OCCURRING SPECIALIST POSITION

Date

I. Introduction

The New Jersey Division of Mental Health Services (DMHS) continues to implement the recommendations put forth in the Governor's Task Force on Mental Health final report (herein referred to as the Task Force report) issued March 2005. The recommendations of the Task Force serve as a catalyst for the transformation of the mental health system, focusing on treatment, wellness and recovery.

All individuals with co-occurring mental illness and substance use deserve to be treated in an environment that promotes recovery from both disorders using holistic, comprehensive, integrated approaches. Conventional boundaries within and between agencies, and across systems have impeded the clinical progress, overall wellness, and recovery of individuals with co-occurring mental illness and substance use disorders. Integrating assessment, treatment, and referral removes barriers, increasing accessibility and effectiveness.

Integrated Treatment is an approach that combines mental health and addiction treatment into a unified and comprehensive approach. Integrated treatment involves staff who are equally versed in each approach: clinicians cross-trained in both mental health and addiction, as well as a unified case management and referral approach that reaches all agencies that may be needed to meet needs; and a setting that accommodates both models. This current RLI focuses on the Task Force's recommendation for the expansion of integrated treatment services and training for co-occurring disorders.

The term "co-occurring disorders" refers to co-occurring substance use (abuse or dependence) and serious mental illness. Individuals with co-occurring disorders have one or more serious mental illness as well as one or more disorders relating to the use of alcohol and/or other drugs. A significant portion of individuals with co-occurring mental illness and substance use present in our screening centers. There are difficulties system-wide in obtaining appropriate referrals from screening when an individual has co-occurring mental illness and substance use disorders. Many individuals are admitted to our state psychiatric hospitals when they could benefit from another type of setting, but could not gain admission because of stigma, inappropriate referral, lack of understanding within the receiving agency staff, or inadequate assessment. The use of a Co-occurring Specialist will provide

a resource to facilitate the ongoing coordination of services between screening, the State and County Psychiatric Hospitals, STCF's, and community agencies, especially in the DMHS and DAS systems. Each Co-occurring Specialist will have a geographical catchment area, however, referral linkages and relationships will be any and all resources in any system that may meet an individuals identified needs.

II. Background

According to recent New Jersey mental health planning estimates, there are between 124,500 and 154,200 adults with severe mental illness. The National Co morbidity Survey (NCS) found that 42.7 percent of individuals with an addictive disorder had at least one mental disorder, and 47 percent of individuals with schizophrenia also had a substance use disorder (more than four times as likely as the general population). According to the National Alliance for the Mentally Ill (NAMI), persons with a co-occurring disorder have a statistically greater propensity for violence, medication noncompliance, and failure to respond to treatment than consumers with just substance abuse or a mental illness. This leads to increase in utilization of emergency rooms, screening centers and crisis services. But in referral, more than half of adults with co-occurring serious mental illness and a substance use disorder (a total of 2 million adults) received neither specialty substance use treatment nor mental health treatment to meet their needs (National Survey on Drug Use and Mental Health, 2002).

In 1983, the Mental Health and Addictions systems were joined through written Affiliation. This formal agreement was the public commitment between the Mental Health and Substance Abuse authorities to outline positive ways in which agencies in these systems of care could begin joint planning, programming and addressing mutual issues across systems lines. Conjoint treatment requires a deeper understanding of similarities rather than differences. The use of the Interdivisional Agreement has opened up the door for many programs to become active participants in a more accessible system(s). Organizational development is required to move away from traditional interventions to evidence-based integrated practices; and collaboration is critical in implementing lasting system change. Working cooperatively and collaboratively can result in a continuum of care that meets the ongoing wellness and recovery needs of consumers.

III. Purpose/Goal of Request

The Division of Mental Health Services seeks proposals that will produce a seamless method of referral, ongoing systems education, and consultation so that individuals with mental illness and substance use disorders consistently encounter "No Wrong Door." To accomplish those goals, performance should encompass the following objectives:

1. *Assessment:* Assuring that Designated Screening Centers have an integrated assessment tool and are adequately trained and supervised

in its use. This individual will not perform assessments directly but will be responsible for bringing a truly integrated tool to the local system to provide a comprehensive clinical picture of each individual's co-occurring needs. When needed, the Co-occurring Specialist may act as a clinical consultant to clarify diagnosis and resources that may meet the clinical needs as outlined in the screening assessment. Assessment must also detail any needs for treatment of nicotine addiction and/or smoking cessation.

2. *Diversion from screening:* Provide and/or arrange consultation, training, and technical assistance to Designated Screening Center's host emergency room, and other emergency rooms in the county to facilitate their ability to perform preliminary evaluations to assess whether substance abuse is primary diagnosis and/or presenting problem and to make appropriate referrals directly from the Emergency Room without the involvement of the screening center.
3. *Diversion from state and county hospital:* If an individual can be treated in a less restrictive environment, or another system of care, consultation (and assistance when necessary) with the Designated Screening Center or Emergency Room on the appropriate referral to the appropriate system.
4. *Increase access to services:* To decrease the stigma encountered in community program and system admission criteria that exclude certain types of substance use, or certain types of medications, certain types of disorders by promoting a "No Wrong Door" philosophy.
5. *Facilitation of cross systems linkages:* Develop and maintain relationships and resources across systems of care to meet a vast variety of treatment and placement need, including nicotine addiction.
6. *Improve cross systems referrals:* Develop a manual of referral resources and linkages that can be used by the screening center staff as they refer the individual for aftercare. Provide consultation and assistance when issues in referrals arise.
7. *Provide resources:* Ongoing provision of consultation, case reviews, technical assistance; provision of training both directly and through brokering of outside resources to DMHS contract agency staff, and other participants as appropriate. Additional provision of training events may occur at the request of DMHS. Formal training sessions to the local treatment system and/or region will be coordinated with DMHS.
8. *Measure outcomes:* Collect and analyze data to demonstrate the impact on assessment, diversion, referrals, and system change.
9. *Integration of Wellness and Recovery approach:* To facilitate engagement, support, and linkages, will have knowledge and understanding of application of Evidence Based Practices in mental health treatment and use of those practices or elements of those practices, e.g., Illness Management and Recovery, Wellness and Recovery Action Plans (WRAP), smoking cessation, etc.

IV. Required Staff Credentials

It is expected that the individual who is hired to meet these needs will be able to fulfill the following requirements:

1. Active New Jersey Licensed Clinical Alcohol and Drug Counselor.
2. Minimum 5 years experience in the provision of care to individuals with co-occurring mental illness and substance use disorders inclusive of *all* Domains of care outlined in licensure requirements.
3. Minimum 2 years experience in cross systems referrals which included development and maintaining linkages to meet the needs of a wide variety of need.

V. Responsibilities of Co-occurring Specialist

Responsibilities expected of the Co-occurring Specialist will be not limited to the following:

- Ensures that screening has a uniform, appropriate and fully integrated assessment for co-occurring disorders, and has ongoing consultation if needed during the assessment process. Based on what assessment tool is currently in use in the screening center, it may be necessary to develop a modification to ensure that the tool is integrated.
- Develop relationships and processes with the Emergency Room (where applicable):
    - To assure notification, as needed when an individual arrives intoxicated upon admission.
    - To assist in the determination of whether the individual requires assessment in the screening center.
        - If assessment by the screening center is not needed (primary alcohol and drug issue) referral is facilitated to appropriate level of care in the addictions system.
- Consults with screening centers to facilitate cross systems referrals if a placement issue arises.
- Assists in the development and maintenance of affiliation agreements across multiple systems to facilitate referral to the appropriate treatment environment to meet needs.
- Provides regular in-service training, technical assistance and case review to screening center personnel.
- In consultation with DMHS, provides direct training, consultation, technical assistance, case conferences; brings in consultants to provide training for staff of the local DMHS system in the geographic area assigned. The Specialist may be requested to provide regional training.
- Participates in state, county and local level task forces and committees as appropriate, such as PAC, systems review and others as assigned.
- Participates in all meetings relevant in development, implementation and monitoring of this project.
- Develops and maintains an active resource manual.
- Provides outcome measures at least quarterly.
- Conducts other activities (e.g. consultation, education, etc) as needed to ensure high quality of services and effective coordination of all available systems of care.

VI. Eligible Applicants

Current DMHS Designated Screening Centers are eligible to develop programs pursuant to this RLI award.

VII. Proposal Criteria/Requirements

Applicants are invited to describe the most appropriate, efficient and effective manner in which to proceed with program development and operation. Proposals should address the following:

1. Fully address goals and expectations identified in Section III.

2. Describe the county and geographic area to be served and the needs of that area.

3. Define any limitations due to work load or geographical factors that may impact on the way in which this position is utilized, and how the position will be used to meet consumer needs given those limitations.

4. Fully discuss the need for the service in the area targeted, based upon a comprehensive assessment and or documented need. Describe how the needs assessment was conducted and to whom it was targeted.

5. Comprehensively describe the approach, services, and operational model being proposed, including anticipated specific consumer outcomes related to diversion from hospital and referral for recovery goals, increased self-sufficiency and community inclusion.

6. Detail how the use of this position will differ from the duties and responsibilities of existing screening center staff.

7. Applicants should specify the annual numbers of individuals to be served for each type of service they are proposing to provide.

8. Articulate the agency understanding and philosophy of wellness and recovery, integrated treatment, cross systems affiliations, and service delivery across the range of services to be provided.

9. If the screening center and emergency room are separate entities and/or locations, provide information about how the agency will affiliate with the emergency room to outline the activities, relationship and responsibilities between the Specialist, the individuals receiving services and the screening center.

10. Provide detailed description about the interaction of Specialist with peer providers who may be working at the screening center.

11. Describe the composition and desired skill set of the proposed individual who will function as Specialist, including job descriptions, qualifications, credentials, and innovative recruitment-retention strategies as well as a statement committing to receive training and consultation from the DMHS designated training resource(s).

12. Describe how assessment of the levels of nicotine use, and any interventions that may be provided may be tailored to the screening setting in which a limited time frame is available (including tailoring medication level or dosage based on nicotine use). Include any skill set, training and/or credential that may be required.

13. Describe a mechanism for staff deployment that will achieve optimum flexibility and responsiveness to consumers given the potential range of responsibilities and skills that will be needed.

14. Include copies of promises of commitment to collaborate with addictions treatment programs and other systems that may meet potential need.

15. Applicants are encouraged to propose a mechanism for linkage with an American Society of Addiction Medicine (ASAM) certified physician as a consultant for training, technical assistance (especially on medication issues), and/or to be available for case review.

16. Include letters of support or collaboration from institutions of higher learning or other educational institutions.

17. Describe the needs and preferences of the consumers who would be served.

18. Specify the process through which training and case conferencing will be provided, and who would participate in that process.

19. Describe a specific, time-framed process for hiring and implementation.

20. Provide table of organization, specifically indicating how this staff person would be supervised, where they will have “home base”, and their relationship with other agency operations.

VIII. Funding Availability

The Division of Mental Health Services is reserving sufficient funding to support the development of five (5) competitive program solicitations. Each program component is expected to be funded up to $80,000 annually. The applicant organization can apply up to $80,000. It is expected that the award will support a salary commensurate to the credentials and responsibilities of the selected candidate.

IX. Budget Requirements

A program budget with the following characteristics must be submitted to detail the expenditure for up to $80,000:

- Expense projections must be annualized. Annualized costs will include salaries, fringe, training and case conferencing.

- Start-up or other expenses of a one-time nature should be presented separately, and not included in the annual budget.

- A phase in budget for the fiscal year within which the proposal is being funded should be presented separately.

- Utilization of the DHS legal-sized budget forms and schedules, as well as the DMHS Budget Matrix software, are discouraged for this submission. Instead, applicants may utilize software that is familiar and available, in order to present the budget information in a format that is required throughout the DHS/DMHS contracting system. The annualized budgets must display line-item detail, organized according to these major categories:
    - A. Personnel Services (including Fringe Benefits)
    - B. Consultant & Professional services
    - C. Materials & Supplies
    - D. Costs for ongoing training and case conferencing
    - E. Facility Costs
    - F. Other Costs
    - G. General & Administrative Expenses
    - Net Operating Cost
    - Revenue Offsets (client fees, grants, contributions, subsidies)
    - Net Deficit (requested DMHS award amount)

- All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual.

- Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Please provide Budget Notes if you believe such notes would assist the reviewers.

- For personnel line items, staff names should not be included, but the staff position titles, credentials, and hours per work week are needed.

- Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.

If applicable, General & Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHS programs reallocated to a new program do not require new DMHS resources, limit your G & A expense projection to "new" G & A only.

DMHS will review agency outcome performance and make contract continuance determinations on an annual basis.

X. Provider Qualifications

In order to be eligible for consideration for funding under this RLI, applicants must meet the following qualifications:

1. The applicant must be currently under contract with the DMHS as a screening center and be a fiscally viable organization.

2. The applicant must be able to demonstrate experience and success in providing integrated treatment and linkages to any and all supports that may be needed for an individual with co-occurring mental illness and substance use disorders.

3. The applicant must be able to document experience with providing case conferences and training support to staff throughout the system(s) of care.

4. The organization will agree to be trained in determining and developing technology and best practices in co-occurring disorders in order to teach and collaborate with other providers in the applicant's geographic area.

5. The applicant will agree to coordinate all training sessions (other than in-service) with DMHS.

6. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

XI. Submission of Proposals

All proposals are due to the offices below no later than **4 p.m. May 9, 2008**. One signed original and ten (10) copies are to be mailed or hand delivered by the designated time and date:

New Jersey Division of Mental Health Services
P.O. Box 727
50 E. State Street
Trenton, New Jersey 08625-0727

Attn: Kathryn Bedard, Chief, Special Populations and Activities, Addictions

In addition, three copies must be delivered to the County Mental Health Administrator(s) of the county(s) in which services are proposed for development.

Fax and e-mail submissions will not be accepted.

XIII. Review of Proposals and Notification of Preliminary Award

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RLI.

A committee comprised of DMHS hospital, Regional and Contracts staff, consumer and family representatives and peers will review the proposals. The review process may include an opportunity for applicants to discuss their submission with the review panel.

Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process.

The applicant's previous performance on contract commitments and site visits will be considered on the award determination process.

The DMHS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHS will notify all applicants of preliminary award decisions by June 6, 2008.

Applicants may review the results of the RLI review Committee by contacting Diana Gittens at 609-777-0708 by 11:00 a.m. on June 9, 2008 to set up an appointment.

XIV. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHS at the address below no later than 4:00 p.m. on June 13, 2008. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Kevin Martone, Assistant Commissioner
Division of Mental Health Services
Capital Center
50 East State Street P.O. Box 727

Trenton, New Jersey 08625-0727

Please note that all costs incurred in connection with any appeals of DMHS decisions are considered unallowable costs for purposes of DMHS contract funding.

The DMHS will review any appeals and render final funding decisions by June 18, 2008. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.